

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular			O A	8 / 31 / 2018		Chode	
Follow-up	✓	✓		TIME IN	TIME OUT	PERMIT HOLDER	
Complaint				9:45 AM	11:00 AM	Chode, Incorporates	
Investigation				SANITARY PERMIT NO.		LOCATION (Address)	
Other:				180003053		Lot 2 BLK 17 Agana, GU 125 9th ST.	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
Catering				8	477-1524	0	3
				No. of Repeat Risk Factor/Intervention Violations		0	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle or mark "X" designated compliance (IN, OUT, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/A = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	IN	OUT	N/A	N/A		6
5	IN	OUT	N/A	N/A		6
Preventing Contamination by Hands						
6	X	OUT	N/A	N/A		6
7	IN	OUT	N/A	N/A		6
8	IN	OUT				6
Approved Source						
9	IN	OUT				6
10	IN	OUT	N/A	N/A		6
11	IN	OUT				6
12	IN	OUT	N/A	N/A		6
Protection from Contamination						
13	IN	OUT	N/A			6
14	X	OUT	N/A			6
15	IN	OUT				6

Compliance Status				COS	R	PTS
Potentially Hazardous Food (TCS Food)						
16	IN	OUT	N/A	N/A		6
17	IN	OUT	N/A	N/A		6
18	IN	OUT	N/A	N/A		6
19	IN	OUT	N/A	N/A		6
20	IN	OUT	N/A			6
21	IN	OUT	N/A	N/A		6
Consumer Advisory						
22	IN	OUT	N/A			6
Highly Susceptible Populations						
23	IN	OUT	N/A			6
Chemical						
24	IN	OUT	N/A			6
25	IN	OUT				6
Conformance with Approved Procedures						
26	IN	OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1

Compliance Status				COS	R	PTS
Proper Use of Utensils						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting, designated areas use			1
Documents and Placards						
54			Sanitary Permit, Health Certificates valid and posted			NA

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) PETERINE KAMARA
DEH Inspector (Print and Sign) Deron M. Feld

Date: 8/31/2018

Follow-up (Mark one): YES NO Follow-up Date NA

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ESTABLISHMENT NAME Chode		LOCATION (Address) Lot 2 BLK 17 Agana, GU 125 9th ST.
INSPECTION DATE 8 / 31 / 2018	SANITARY PERMIT NO. 180003053	PERMIT HOLDER Chode, Incorporates

TEMPERATURE OBSERVATIONS

[illegible]

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

[illegible]

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person In Charge (Print and Sign)

PETERING KAMAKA Keloju kamaka

Date:

8/31/2018

DEH Inspector (Print and Sign)

Deron Mitchell

C. TAKASE EPHO

J. CRUZ L. PACHECO

Date: _____

8/31/2018